

# **NEBRASKA HIV CARE and PREVENTION CONSORTIUM BYLAWS**

## **ARTICLE I. NAME**

The name of the Advisory Group shall be Nebraska HIV CARE and Prevention Consortium (hereinafter referred to as the NHCPC).

## **ARTICLE II. MISSION**

The overall mission of the NHCPC is to develop a comprehensive HIV CARE and Prevention Plan for the State of Nebraska. The plan will identify specific strategies and interventions that are responsive to validated needs within defined target populations.

This mission will be accomplished in an advisory capacity in collaboration with the Nebraska Department of Health & Human Services System (HHS), the National Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

## **ARTICLE III. STATEMENT OF PURPOSE**

1. Assess the present and future extent, distribution, and impact of HIV prevention and care issues in defined populations in the state.
2. Identify and prioritize high-risk populations based on formal and informal epidemiological information.
3. Assess HIV care and prevention needs through the identification of existing care and prevention services, as well as gaps and barriers within defined populations.
4. Identify, prioritize, and recommend care and support services as well as adequacy for defined services.
5. Identify and recommend specific strategies and interventions to prevent new HIV infections in defined populations. These interventions should be based on sound behavioral change theory and cost effectiveness.
6. Ensure parity, inclusion, and representation reflective of the HIV epidemic within the community prevention planning as well as incorporated into CARE related decisions.
7. Develop a Comprehensive HIV Prevention Plan consistent with the high priority HIV care/support and prevention needs for defined target populations. Annually review and modify this plan as necessary.
8. Evaluate the effectiveness of the planning process.

The HHS HIV Program will develop applications for federal funds for HIV care and prevention based on the Comprehensive HIV CARE and Prevention Plan. The NHCPC will be asked to assess the responsiveness and effectiveness of funding applications in addressing the priorities identified in the Comprehensive HIV CARE and Prevention Plan.

#### **ARTICLE IV. MEMBERSHIP**

Section 1. A member is an individual occupying a standing or elected position on the NHCPC. Only members have voting privileges. The membership of the NHCPC advisory group shall be geographically balanced and reflect the diversity of the HIV epidemic. Recruitment shall be guided by the principles of parity, inclusiveness, and representation, as established by CDC in Section 1.3.2.1, CDC Criteria, Handbook for HIV Prevention Community Planning (Addendum B) and Public Law 101-381.

Section 2. There shall be two classifications of members:

- a. Appointed/standing members will be comprised of related state agencies and others recommended to serve in order to balance CDC requirements. Standing members will comprise no more than 1/3 of the total membership.
- b. Elected members will represent related functional areas, persons directly impacted by the epidemic, and geographic representation. Elected representatives shall comprise the remaining 2/3 of the membership.

Section 3. Any member may resign at any time from service on the NHCPC by submitting a written resignation to either the State or Community Co-Chair.

Section 4. Any member or non-member serving on a standing committee determined to be in violation of the NHCPC Code of Conduct, contained in the Operational Guidelines, or in violation of a signed Disclosure of Conflict, may be removed by a majority vote at a meeting at which a quorum is present. Any member may report violations. Violations should be submitted in writing to either the Chair or State Liaison of the Membership Committee for presentation to members no less than 30 days prior to the next regularly scheduled meeting.

#### **ARTICLE V. TERMS OF MEMBERSHIP**

Section 1. Members will serve for a period of 3 years (36 months) with the following exceptions: 1) Standing Members and 2) Circumstances identified in ARTICLE VIII Sections 4 and 5.

Section 2. Members are elected at the last official NHCPC meeting of the calendar year and take office on January 1 of the following year. Terms expire on December 31.

Section 3. Members of the NHCPC may not serve more than two consecutive terms.

Section 4. Standing member positions are designated per requirements for the CDC and HRSA. Appointments to these positions will be at the discretion of the HIV Program Administrator.

## **ARTICLE VI. OFFICERS**

Section 1. The NHCPC will be directed by two co-chairs. The State Co-Chair will be appointed by the HIV Program Administrator. The second, Community Co-Chair, will be elected by the NHCPC membership at the third official meeting of the calendar year and will take office on January 1 of the following year. Terms expire on December 31.

Section 2. The Community Co-Chair term shall be for a period of two years. He/she shall not serve more than two consecutive terms. The Community Co-Chair shall be a member of the NHCPC. The Community Co-Chair must have attended three consecutive meetings prior to election.

## **ARTICLE VII. EXECUTIVE COMMITTEE**

The purpose of the Executive Committee is to provide decision making capability on behalf of the NHCPC between meetings for specific and emerging functions.

The duties of the Executive Committee would be limited, but would include:

- Carry on the business of the NHCPC between meetings as needed.
- Assist in the revision of the NHCPC Comprehensive Plan.
- Review annual CDC grant applications and provide concurrence, non-concurrence or concurrence with recommendations.
- Review and recommend revisions to the NHCPC Operational Guidelines and By Laws on an as needed basis but no less than annually.
- Review the Statewide Coordinated Statement of Need.
- Act on behalf of the NHCPC in the event of unforeseen circumstances.

Members of the Executive Committee will be the State and Community Co-Chairs and the Standing Committee Chairs.

## **ARTICLE VIII. VACANCIES**

Section 1. Should a regional representative to the NHCPC be unable to serve an entire term, the recognized area HIV prevention and/or care group shall select another representative. Should no area group exist, the NHCPC Membership Committee shall solicit/recruit an appropriate representative for the designated area. A recognized area HIV prevention and/or care group shall be defined as any formal body created or acting as a subcommittee to such a body, with the documented purpose of addressing HIV prevention and/or care issues through a mission statement, statement of purpose, and defined goals and objectives.

- Section 2. Should any other elected member to the NHCPC be unable to serve an entire term, another representative shall be recommended by the Membership Committee and voted on by the full NHCPC membership following established principles of parity, inclusion, and representation.
- Section 3. Should a standing member to the NHCPC be unable to serve an entire term, another representative shall be appointed by the HIV Program Administrator.
- Section 4. If a vacancy occurs before half (less than 18 months) of the NHCPC member's term has been served, the person who fills that vacated position will have the same term expiration date as the member who vacated the position.
- Section 5. If a vacancy occurs after half of the NHCPC member's term has been served, the person who fills that vacated position will serve out the remainder of that term in addition to another 36 months.

## **ARTICLE IX. ATTENDANCE**

- Section 1. To ensure consistent participation and input, members and non-members serving on standing committees who have three absences within the previous 12 months, whether excused or unexcused, will be considered non-participating and will be replaced. An excused absence is defined as notification to one of the two Co-chairs **prior** to the beginning of any regularly scheduled meeting.
- Section 2. Members and non-members serving on standing committees who have two unexcused absences within the previous 12 months will be considered non-participating and will be replaced.
- Section 3. An NHCPC member may not designate a proxy to attend a meeting should he/she be unable to attend. Should the member request a representative to attend the meeting, that representative will be considered a member of the public and have no voting privilege.

## **ARTICLE X. MEETINGS**

- Section 1. The NHCPC shall hold no more than four formal meetings per calendar year.
- Section 2. The NHCPC co-chairs shall set agendas for meetings. Meeting agendas will be mailed to members at least 10 days prior to the next scheduled meeting.
- Section 3. All meetings are considered open meetings and as such will abide by Public Meeting Statutes, Neb. Rev. Stat. §§ 84-1414 (Reissue 1987 and Supp. 1989). Except for items of an emergency nature, the agenda shall not be altered later than 24 hours before the scheduled commencement of the meeting. The public body shall have the right to modify the agenda to include items of an emergency nature only at such public meeting.

- Section 4. Minutes shall be written and available for inspection within 10 working days or prior to the next convened meeting, whichever occurs earlier. Written minutes shall be provided to all NHCPC members prior to subsequent meetings.
- Section 5. It is the philosophy of the NHCPC to make decisions by consensus. Consensus is defined as all members willing to support and “sign-off” on decisions when a quorum is present. Should consensus not be achieved, voting procedures shall follow the guidelines set forth in Robert's Rules of Order. In accordance with the requirements of Nebraska’s public meeting statutes, all formal decisions will be documented through roll call vote.
- Section 6. A quorum is defined as 60% of the current NHCPC membership and will be established at the time of the first roll call vote.
- Section 7. All NHCPC members will have voting privileges. The HHS Program will register one vote. In the event of a tie, the HIV Program Administrator will vote.
- Section 8. Each member present will have one vote at the meeting. No vote by proxy will be accepted.
- Section 9. Only NHCPC members will be allowed to speak at meetings unless the Co-Chairs have included a public presentation as a part of the regular meeting agenda.
- Section 10. At the end of each meeting, an open forum will be held in which members of the public may address the NHCPC with agenda-related items. Time limits for presentations may be set. All members of the public who speak must identify themselves.
- Section 11. Written notice of the time and place of all NHCPC meetings shall be posted in all regional HHS offices and at two other public sites in Lincoln and Omaha at least 24 hours prior to each meeting.
- Section 12. The Co-Chairs may call special meetings with at least 10 days notice by phone, fax, email, or letter. Public notice of such meetings shall follow procedures as established in Section 3.

## **ARTICLE XI. CONFLICT OF INTEREST/CONFIDENTIALITY**

- Section 1. In making recommendations to the HHS, the NHCPC must operate in compliance with all applicable state and local conflict of interest laws. In order to safeguard NHCPC recommendations from potential conflict of interest, each member and non-member serving on a standing committee shall disclose any and all professional and/or personal affiliations with agencies that may pursue funding. An annual Disclosure of Conflict of Interest Statement will be completed by each member and non-member serving on a standing committee and will be kept on file. On issues where a participant’s affiliate is the potential recipient of funds,

that participant may not vote on that issue or formally review that affiliate's request for funds or other supports.

Section 2. Per Article IV., Section 4, violations by members and non-members serving on standing committees of their signed Disclosure of Conflict of Interest/Confidentiality Statement may be grounds for removal.

Section 3. Disclosures or discussions which place a member at possible risk of harm to person or reputation shall be kept confidential and restricted to the business of the NHCPC. Information discussed and provided, whether written or oral, is for the purpose of accomplishing the missions and objectives of the advisory group."

## **ARTICLE XII. COMMITTEES AND TASK FORCES**

Section 1. The NHCPC shall have the ability to create standing committees as deemed appropriate to ensure that the mission of the NHCPC is successfully met.

Section 2. Each committee shall elect a Chair to direct the activities of the committee. The Chair shall be a member of the NHCPC. The Chair must have attended three consecutive meetings prior to election.

Section 3. Committee Chair(s), with assistance from State Liaisons, shall set agendas for committee meetings and submit items for inclusion with the NHCPC agenda to either the State or Community Co-Chair no less than 20 days prior to the next convened meeting.

Section 4. All members of the NHCPC are expected to serve on a committee during their term of membership. Supporting the NHCPC philosophy of broadening community involvement to ensure parity, inclusion, and representation in all aspects of the process, persons outside the NHCPC membership may be solicited to participate on committees and ad hoc groups or task forces.

Section 5. All committee meetings will be governed by the same set of rules as established in ARTICLE IX – ATTENDANCE and the Operational Guidelines.

Section 6. The NHCPC Co-Chairs, to fulfill time-limited objectives may, as needed, designate ad hoc groups. Chairpersons for ad hoc groups will be appointed by NHCPC Co-Chairs and will report to the NHCPC Co-Chairs for the duration of the appointment.

Section 7. The Chairperson(s) for ad hoc group(s) will be members of the NHCPC.

## **ARTICLE XIII. BOOKS AND RECORDS**

The NHCPC shall keep minutes of all proceedings of the NHCPC and such other books and records as may be required for proper conduct of its business and affairs.

#### **ARTICLE XIV.      ADOPTION AND AMENDMENTS**

- Section 1.      The Bylaws for the Nebraska HIV CARE and Prevention Consortium will be ratified at the first formal meeting of the NHCPC.
- Section 2.      These Bylaws may be amended at any regular or special meeting of the NHCPC. Written notice of the proposed Bylaws change shall be mailed or delivered to each member at least 10 calendar days prior to the date of the next regular meeting. Bylaws changes require a two-thirds majority vote of the NHCPC members present.
- Section 3.      All NHCPC members shall be provided a current edition of NHCPC Bylaws and Operational Guidelines. A signed Statement of Receipt and Acceptance of Bylaws and Operational Guidelines shall be kept on file.

Ratified on: 5/23/2000

Changes Approved: 1/23/2003

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